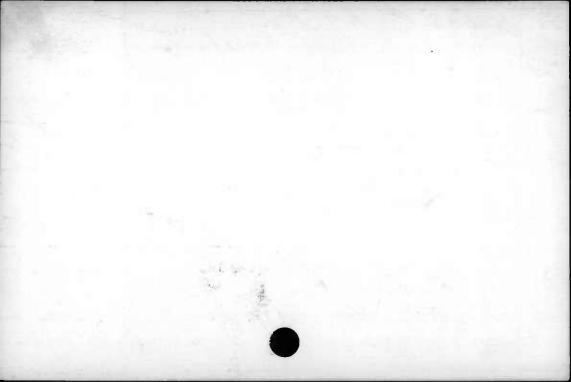
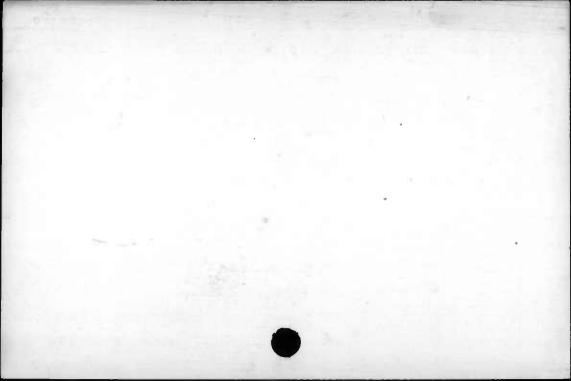
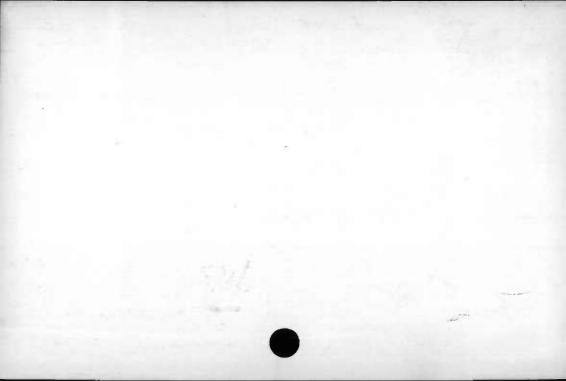
Name in CERTIFICATE OF DEATH Full MARYLAND Days Date of death | 90 Age 0 Birth-Color or ANSWERED FRIEN Race place Occupation Where Residing if not at place of death Name of Wife or Marrid Sig Husband 38 Father's Father's Name Birthplace 0 Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased. In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician OC. Accident or Suicide? LIBRARY BUREA



Name in Full	Harrit	Bont	Rey		CERTIFICA	TE OF DEATH	
	Died at amb dge		Dorche	, Ca	MAF	RYLAND	
	Date of death 190 S Pure	Day	Age 45		nths	Days	
EN BY	Sex Temple	Color or B	Cocle	Birth- Do	cherles	Check	
ANSWERED	Occupation House and		Where Residing if not at place of death				
		Name of Wile or Husband	of Bonle	7			
TO BE				Father's Birthplace	Dorch	ten Co her	
	Mother's Maiden Name Hunn	Spice		Mother's Birthplace		11.11	
	Name of person giving have Bonley How			How related to deceased	Howerelated to deceased Soz		
	,	CAUSE	S OF DEATH				
	Primary Pulmonary	(I hah	isis (18)	How long	York or	no Lean	
IAN	Immediate Ex Laur	CI		How long	Hen :	neks	
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?	4	Signature of OSNS	da l	Droch	×(	
O HO			Address Caul	nd	hia		
	Accident or Suicide?			8			
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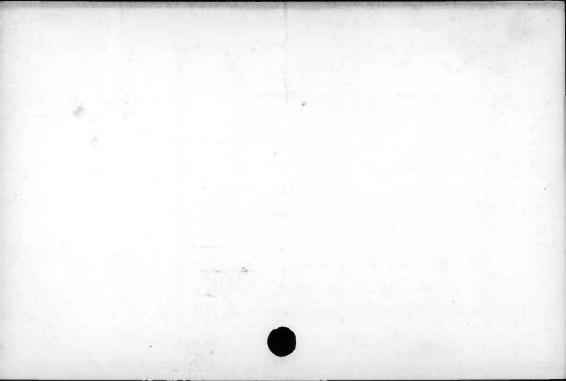


Name			0			
in Full	1	grans	ham		CERTIFICA	TE OF DEATH
	Died at Caulna		Dreherl	les	MAF	RYLAND
BY	Date of death 1905 July	Day / O	Years Age	Mo	onths 2	Days 2 7
	Sex male	Color or Race	hte	Birth- Page	ulnge	Ma
-	Occupation		Where Residing if not at place of death		<i>Y</i>	
< E	Married, Single or Widowed	Name of Wile or Husband				
NEA	Father's & M. Bradsham			Father's Birthplace Caulage had		
10	Mother's Maiden Name Ether	0 0	ok	Mother's Birthplace	4	c. Ma
	Name of person giving 1 1 2	r Brao	chan	How related		ten
		CAUS	ES OF DEATH			
	Primary Colits		(2-13)	How long	eral.	r Kells
CIAN	Immediate Convuls	ich		How long	fers	Loun
PHYSICIAN R CORONEI	Ara the name, age, sex, color. date and place correctly given above?		Signature of Physician	Tola.	house	is
Q 8			Address Vaus	lnd c	ma	
	Accident or Suicide?			•		
					SRUE YEAREL	U ASSEIS

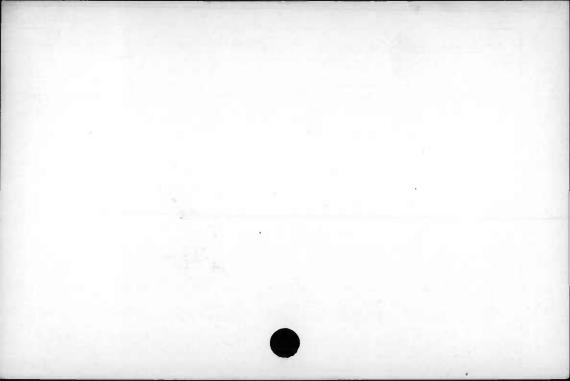


in Full	Min	13rochle	4	CERTIFICATE OF DEATH
	Died at Zun	a de	rehigh.	MARYLAND
≽ a	Date of death 190 5 Month	Day Ye	37 Mon	ths Days
ED	Sex Fremb	Color or white	Birth- place	
ANSWERI	Occupation Hanne	Where Resid	eath Dzrcz	us Black Co
	Married, Smg.e	Name Husband	Toroll	ley
TO BE	Father's Name	Hahn	Father's Birthplace	,
	Mother's Maiden Name		Mother's Birthplace	,
	Name of person giving In formation		How related to deceased	
		CAUSES OF DEATH		
	Primary Canon	- Reclin	How long	8 mos
ONER	Immediate Inca	ikan	Howlong	
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Coror	knowken
0 8		Address	/ Vuin	ea me
	Accident or Suicide?	V		PRACY BUREAU ASSETS

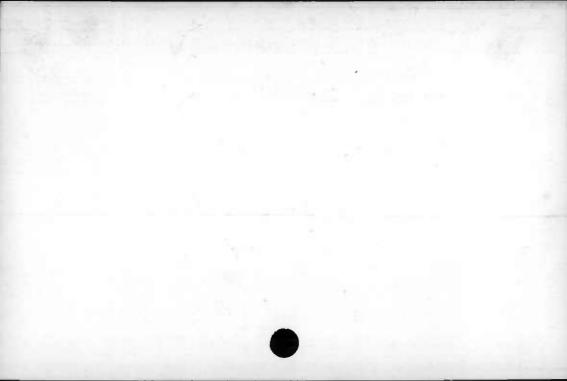
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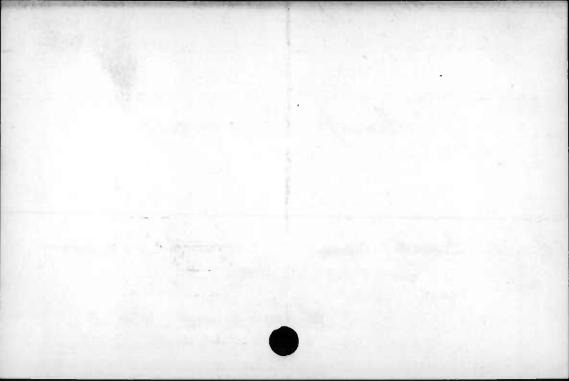
Name in Full CERTIFICATE OF DEATH Der Chestin MARYLAND Months Days Date Birth- Woveford Med ANSWERED Occupation Where Residing if not Stonsewife at place of death Married, Single Marries Name of Wite or Husband Robert Bromwell TO BE Mother's Mary Birthplace Name of person giving How related to deceased hot at all In formation CAUSES OF DEATH EB PHYSICIAN NO Immediate Are the name, age, sex, color, date as searly Œ. Signature of 0 and place correctly given above? as & Can Physician Address œ Accident or Suicide? DIBRARY BUREAU ASSETS



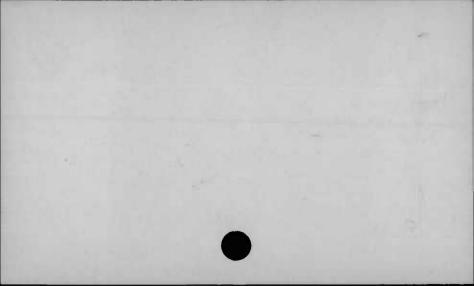
in Full	weell Fran	K Bo	non		С	ÈRTIFICAT	E OF DEATH
0	Died at Cambri O	52	Dorch	County		MARY	LAND
>	Date of death 1905 July	Day	Age Years	53	Munth	S	Days
END END	Sex male	Color or W	lite		irth-	2	
VER	Occupation		Where Residing at place of death				
	Married, Single Kunied	Name of Wire or Husband	mrs. E	uma	Bm	on (A	nderson
NEA NEA	Father's Name				Father's Birthplace		
0 2	Mother's Maiden Name				Mother's Bathplace		
	Name of person giving In formation	ink B	J was	·-	low related to deceased	Son.	
	0	CAUSE	S OF DEATH				
	Primary Oppendicitis	· Veni	louite	(X(B)	low long		
CIAN	Immediate Hervous Colla	fore tollow	vin Offica	lion	low long		
PHYSICIAN R CORONEI	Are the name, age, sex, color. date and place correctly given above?	gras !	Signature of Physician	521	doly	4	
0 0			Address	Souls	i dje.	m	J.
	Accident or Suicide?				0	UARUR YRAN	



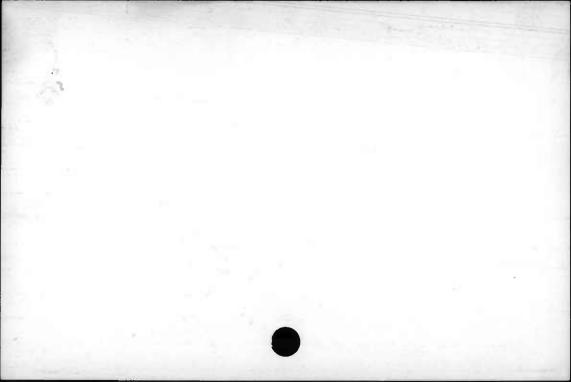
Name in Full CERTIFICATE OF DEATH Town MARYLAND Months Days Date of death 190 5 Birth-ANSWERED FRIEN place Occupation Where Residing if not at place of death RES Married, Single Name of Wile or Husband or Widowed M Father's Father's Name Birthplace 0 Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long ONER How long PHYSICIAN COR Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR Accident or Suicide?, LIBRARY BUREAU ASSS18



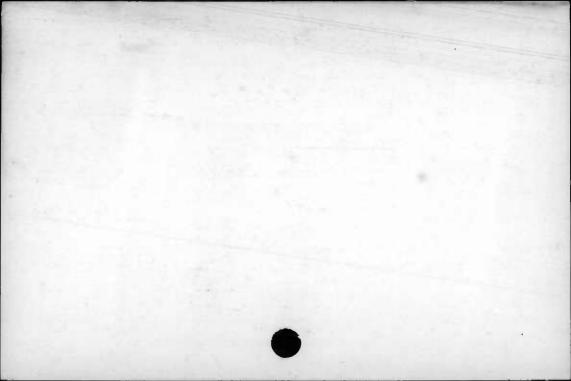
Name in Full Certificate of Death Died at Native of Occupation Date 19 Married Widow Colored Widower Number of children living Single Husband Wife Father's Name ow long sick Cause of Death Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79898



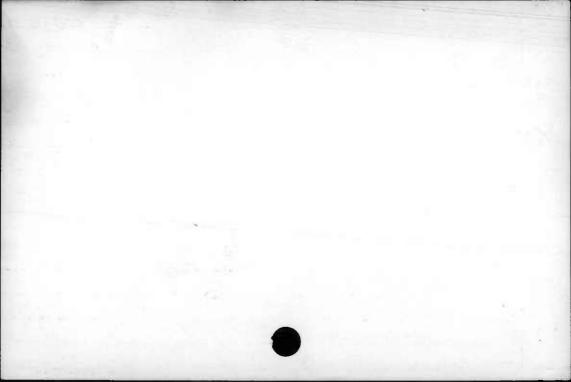
Name in Full	Helen. Els	. bor	Eran		CERTIFICATE OF DEATH
	Died at Lloyds Togh		borches ter		MARYLAND
>	Date of death 1905	/S Day	Years Age	Мо	nths + Days
ED BY	Sex Female 8	Color or #	hite	Birth- Ca	mbudge md.
ANSWERED REST FRIEN	Occupation		Where Residing if not at place of death		
	Married, Single Name of Wile or Husband				
E E	Father's Name H borkram			Father's Birthplace	Verginia
٠ 1	Mother's Maiden Name Ethel E. Thomas			Mother's Birthplace My	
	Name of person giving N H Rorbraw			How related to deceased	
		CAUSI	ES OF DEATH		
	Primary Entero - C	writis		How long	o claus
NER	4	is	400	How long	dans
PHYSICIAN R CORONER	Are the name, age, sex, color, dete and place correctly given above?	us	Signature of A A	Stoke	50
A C C			Address, 5/C	Tomb	ndge
	Accident or Suicide?		V		mal
				1111	LISBARY BUREAU ASSSIS



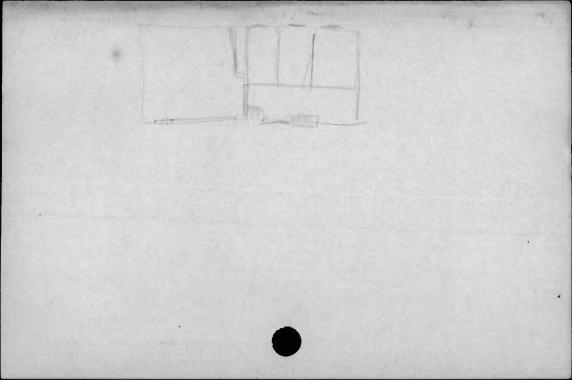
Name in Full	Jan	· Co	nist			CERTIFICA	TE OF DEATH	
	Died at	Town		Coun		MARYLAND		
· ·	Date of death 190	Month	Day	Age	Mo	Months Da		
FRIEND	Sex Color or Race			reons	Birth- place		street .	
	Occupation Where Residing if not et place of death			Com	Combigue Tex			
8.00	Matried, Singla Name of Wile or Husband							
0 1	Father's Name				Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace				
	Name of person giving In formation			lley	How related	Empl	Type-	
			CAUSI	ES OF DEATH				
	Primary 3	400 6	25 the	(1)0	How long	1500	10	
CIAN	Immediate (Page 1)	thent	failer		Howlong	6 min	Suits	
PHYSICIAN R CORONEI	Are the name, age, se and place correctly			Signature of Physician	ely JC	45.80		
D R O				Address				
	Accident or Suicide	?						
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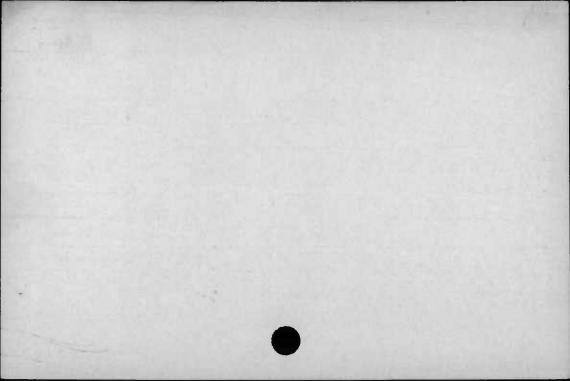
Name in CERTIFICATE OF DEATH Full I co X Town County MARYLAND Died at Month Years Months Days Date of death 190 5 Age FRIEND Color or Birth-ANSWERED place Sex Race Occupation Where Residing if not at place of death NEAREST Married, Single or Widowed Name of Wife or Husband id M Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 8 Accident or Suicide? LIBRARY BUREAU



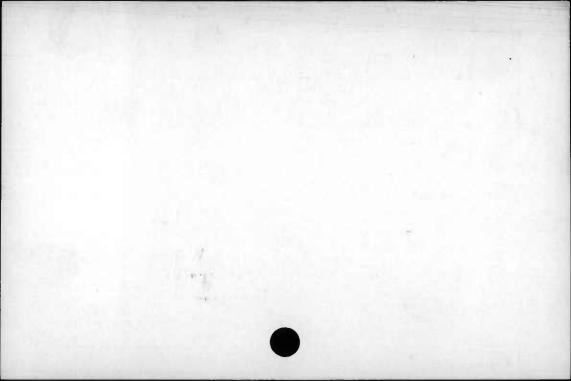
Name in Full	Ingene B	utto		District	CERTIFICA	TE OF DEATH	
	Died at.		Mr Blee Count	ty	MARYLAND		
>	Date Month of death 190	Day	Age Years	Mo	nths	Days	
EO BY	Sex	Color or C	verrel	Birth- place	14.8	Much	
ANSWERED REST FRIEN	Occupation / Where Residing if not at place of death						
	Married, Single or Widowed	Name of Wife or Husband					
TO BE	Father's Name				Father's Birthplace		
	Mother's Maiden Name	Hy Wearly			Mother's Birthplace		
	Name of person giving In formation	1 12	Zoro Ma	How related to deceased	mo	edita.	
		CAUSE	S OF DEATH	1			
	Primary	almon	with the	Howlong		6.1111111	
NER	Immediate		The state of the s	How long			
PHYSICIAN R CORONER	Are the name,age,sex,color,date and place correctly given above?		Signature of Physician	ee 9 C	El		
0.80			Address	milita.	1-1-7	ed -	
	Accident or Suicide?						
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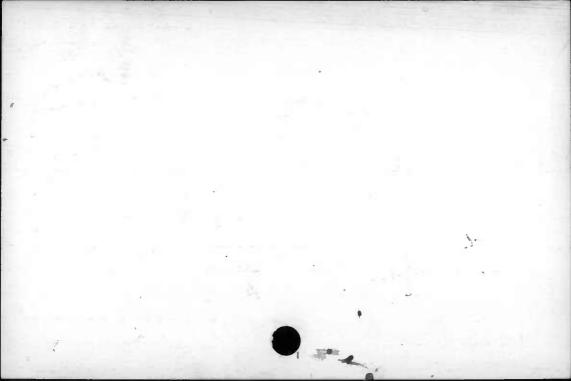
Name in Full	Sucilla	6 %	2~		CERTIFICAT	TE OF DEATH	
	Died at Cambrage		2 mehes		MARY	YLAND	
<b>&gt;</b>	Date of death 1905 Jul	Day / 5	Age Years	M	onths	Days / >	
ANSWERED BY	Sex Female	Color or Mh	t	Birth- place alle	land the		
	Occupation		Where Residing if not at place of death				
ANSW	Married, Single Name or Wife or Husband						
TO BE	Father's R. P Snag			Father's Birthplace			
ř	Mother's Maiden Name	Jiff.	et.	Mother's Birthplace	W.Va		
	Name of person giving Mn I	J. Fras		How relate to decease	d mothe	7	
		CAUSE	S OF DEATH				
	Primary Enters. Co	Ehr	(1)	How long	oday		
NER	Immediate Frence h		China .	How long	ay.		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Da	1 Sola.	borry	. 1	
<u>o</u>			Address Ca	eulng	mal		
	Accident or Suicide?		1/				
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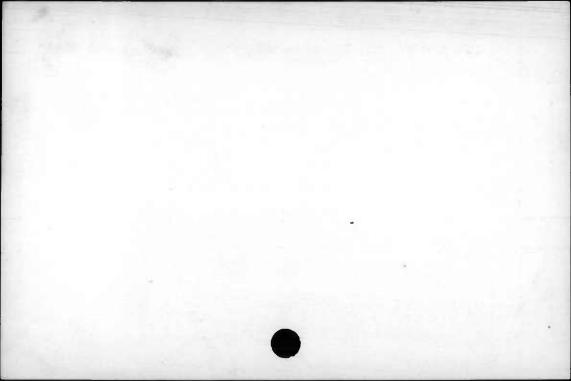
Name in Full	Mary 7. Harler		Constituents of Description
Full	Died at Lafusvill	Dorchester	MARYLAND
¥ 0	Date of death 190 5 Puly 20 Ag	Years	Months Days
	Sex Firmale Color or MA		th- Mol
ANSWERED REST FRIEN	Married, Single or Widowed Lugle	Occupation Num	
	Name of Wife or Husband		
E A	Father's George Harler		ither's And
OT 2	Mother's Maiden Name Seonar U. Di		other's rthplace Mul
	Name of person giving Information Long Long Long		ow related Brand factura
	CAUSESO	F DEATH	V
	Primary Dysertery	Ho	w long 4 days
CORONER	Immediate	Ho	ow long
PHYSICIAN R CORONEI	Are the name,age,sex,color.date and place correctly given above?  Are the name,age,sex,color.date Physical Phys	ture of E. Q. (	? Dover
9 80		Address	lafr
	Accident or Suicide?	1/	md



Name in CERTIFICATE OF DEATH Full MARYLAND Days Months Years Date Birth-Color or ANSWERED REST FRIEN place Race Occupation Where Residing If not at place of death Name of Wile or Married, Si Husband or Wide 日日日 d Father's Father's N Name Birthplace To Mother's Mother's Birthplace Maiden Name How related Name of person giving tendeceased In formation CAUSES OF DEATH How long Primary CORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given bove? Physician Address OR Accident or Suicide? LIBRARY SUREAU ASSST

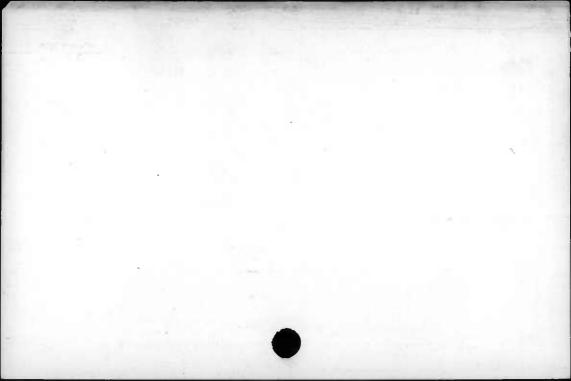


Name in Full	May C. Thurley		CERTIFI	CATE OF DEATH
	Died at Cawhilge	on chere	a M	ARYLAND
>	Date of death 190 / Sugar Bay	Age Years	Months	8 Days
ERED BY	Sex Ferrall Color or Race	white	Birth- Couchi	Rge
5 4	Occupation Horsicuife	Where Residing if not at place of death		
	Married, Singla Macmil Name of Wile o r Widowed Husband	John J.	Hereley	
TO BE	Father's WM. Forento	Father's Birthplace Cost		
	Mother's Maiden Name Cuttern	Mother's Birthplace LTC		
	Name of person giving Juhu 4.	Henley	How related to deceased	dond
	CAU	SES OF DEATH		
	Primary Of heroleteiles by	talkymy	How long dan	10
CIAN	Immediate Portoritis after of	re atim	How long 36 le	uns
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	in Steele	
		Address Ca	Milye n	n.
	Accident or Suicide?	1/		
		· · · · · · · · · · · · · · · · · · ·	LIBRARY HJ	REAJ ASSES

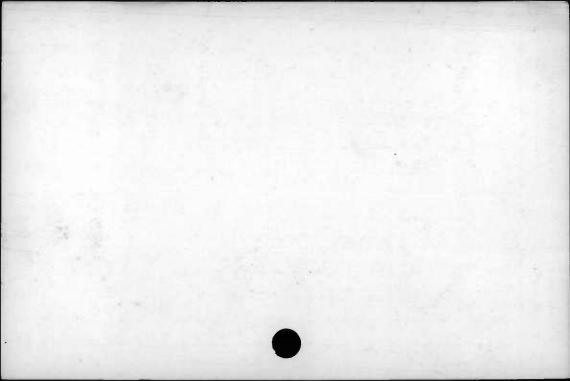


in Full	Sufont Jack	(son (m.HP)	CERTIFIC	ATE OF DEATH
	Died at Carolous	Dircheste	MA	RYLAND
> B	Date of death 1905 Day	Age Still Born.	Months	Days
	Sex Timela Color or Race	Bek	Birth- place md.	
5 ll-	Cocupation Calvil &.	Where Residing if not at place of death		
	Married, Single Lingh Name of Wile Husband	10 9		
NEA NEA	Father's Alexander J.	ckson 1	Father's Birthplace	(
or _	Mother's Maiden Name Alice Earl	· 6	Mother's Birthplace	
	Name of person giving In formation Alyan de	Jackson	How related to deceased	tu
	CA	USES OF DEATH		
	Primary Still Bonn		How long	
NER	Immediate	0	How long	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Welf	
		Address	nidge h	7
	Accident or Suicide?		0	
4-5			LIBRARY BURE	AU A88018

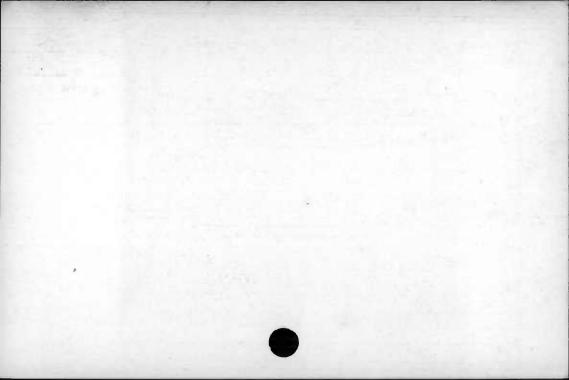
Biomoo



Name in Full	arthur J.	Jack	iou		CERTIFICAT	E OF DEATH	
	Died at Vienca	)	Dorche	ster	MARY	LAND	
	Date of death 190 5 July	Day	Age / 7	Mo	onths	Days	
ED BY		Color or Race	white	Birth- place	arsons	burg	
ANSWERED REST FRIEN	Occupation		Where Residing if not at place of death				
		Name of Wile or Husband	noue				
BEA	Father's blay tou J. Jackson			Father's Birthplace	Father's Birthplace Parsonsbury		
°F 2	Mother's Maiden Name Mada	ra al	iphaux	Mother's Birthplace	Dit	to	
	Name of person giving P. Ha	trow VI	tebb #	How related to deceased		ud	
		CAUSE	S OF DEATH	7			
	Primary			How long			
IAN	Immediate ashluxia.		My	How long			
PHYSICIAN R CORONER	Are the name, age, sex, color. date and place correctly given above?	'ES S	ignature of Physician	2,2,7	rice		
0 2	1		Address UL	nna			
	Accident on Suicide?		1/	maryl	and.	3	
			The second secon	- (	LIBRARY BUREAU	A83016	



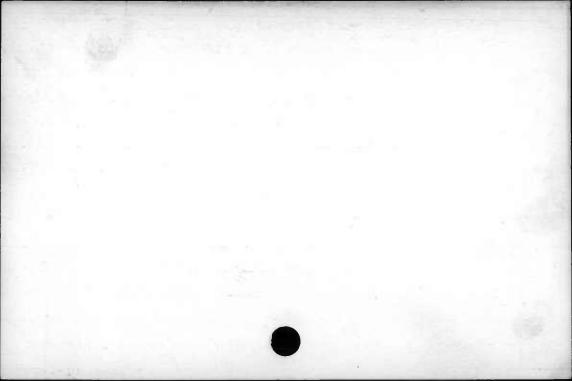
Name in Full	Rosa a. Kan	e	CERTIFI	CATE OF DEATH
	Died at Cambidge Town	tv.	ARYLAND	
. *	Date of death 1907 July	Day Years	Months 4	Days
ED BY	Sex Femele Color Race	or colored	Birth- Lor . Co .	rud,
ANSWERED REST FRIEN	Occupation	Where Residing if not at place of death	-	
	Married, Single or Widowed Husba	of Wile or and		
TO BE	Father's When 16	Father's Birthplace DW & Mud.		
ř	Mother's Maiden Name Mayort	Mother's Birthplace Dr. Co. Nud.		
	Name of person giving Magare	How related to deceased	chi	
		CAUSES OF DEATH		
	Primary Entities	100	Howlong 7 444	16
PHYSICIAN OR CORONER	Immediate Ethautin		How long	
	Are the name, age, sex, color, date and place correctly given above?	ystule		
	/	Address e	autilge "	rud,
	Accident or Suicide?			
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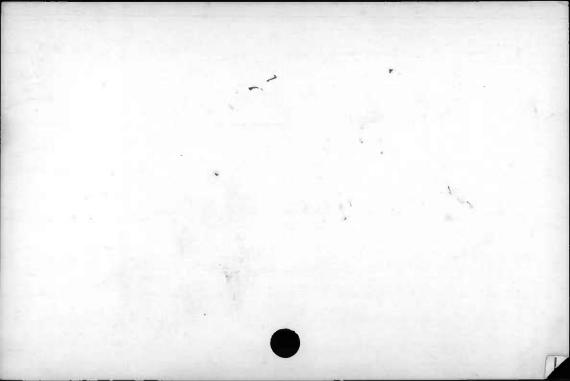
Name in CERTIFICATE OF DEATH Full County Died at MARYLAND Months Days Date Birth-Color or FRIEN ANSWERED Race Occupation When Residing if not at place of death REST Name of Wife or Married, Sine Husband or Widowed D) Father's Name Mother's Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH ORONER. PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 00 Ö Accident or Suicide?

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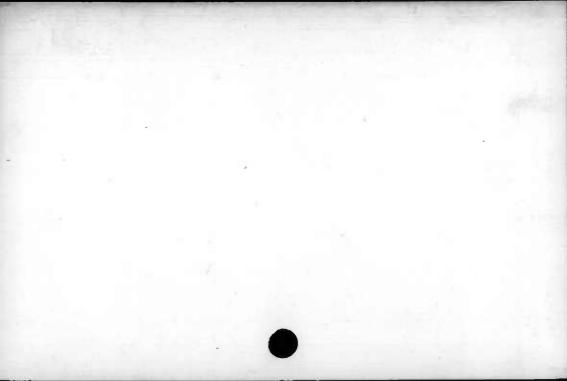
Name in Full. CERTIFICATE OF DEATH County MARYLAND Died at Months Days Date of death | 90 Age BY Birth-Color or ANSWERED FRIEN place Sex Race Occupation Where Residing If not et place of deeth REST Name of Wife or Married, Single or Widowed Husband NEAS 14 Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name Name of person giving \$ How related In formation to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of Physician and place correctly given above? Addrese C 0 Accident or Suicide? LIBRARY BUREAU ASSSS



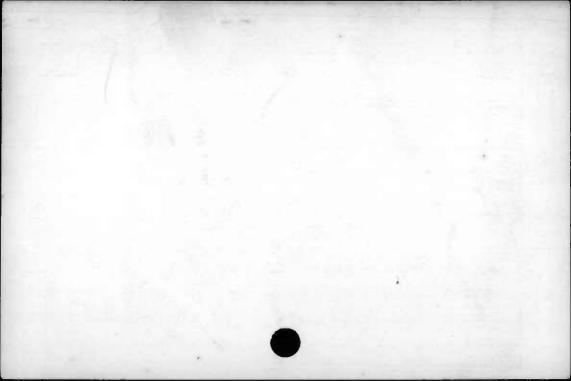
Name in Full	6 mil	· Q - 1	n Grady		CERTIFIC	ATE OF DEATH
	Died at Court	1	Doro	links	MA	RYLAND
B	Date of death 1905 Jul	Day 19	Years Age	M	onths	Days 36
	Sex Jemole	Color or Race	White	Birth-	cealno	me
ANSWERED REST FRIEN	Occupation		Where Residing if not at place of death			
	Married, Single or Widoward	Name of Whe or Husband				
TO BE	Father's Im Grand			Father's Birthplace Dorchetale My		
	Mother's Ann	. 03.00	20des	Mother's Birthplace		lung
	Name of person giving of My Jmm & Crae			How related to deceased Mache		
		CAUS	ES OF DEATH			1
	Primary Ples -C	olih	XE)	How long	nek	, 2
CIAN	Immediate Chrol	a cha	( )	How long Secre	al da	41
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above?	Le	Signature of 78 h	Gilas	love	
F 0			Address Pace	Ingi	Met	
	Accident or Suicide?		-1/	7	(	
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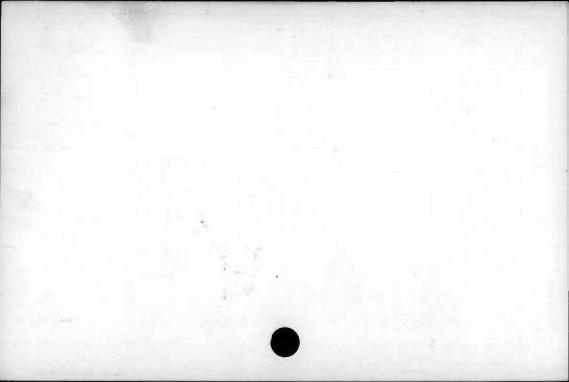
Name many V. he Donald Foll CERTIFICATE OF DEATH Died at Cambri dgs MARYLAND Months Color or Bek. Birth-place ANSWERED FRIEN Occupation Where Residing if not at place of death. Married, Single Name of Wile or Irm. Mr. Donald Husband or Widowed TO BE Father's Isso. Edw & Father's md. Birthplace Mother's Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH ONER How long PHYSICIAN CORC Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OC. Accident or Suicide? SICESA LABRUM VAARRES



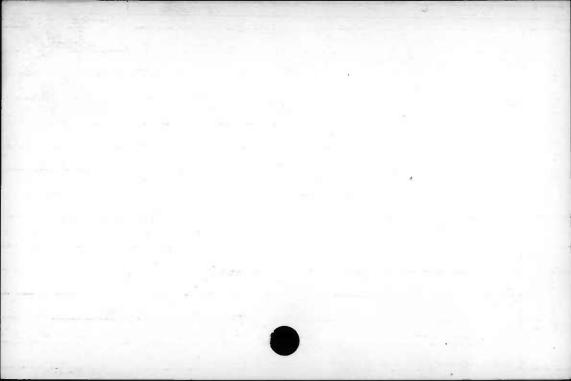
Rame in Full	To an in	althem			CERTIFICATE	OF DEATH
100	Died at Cambridge	aucem	Dorcheste		MARY	
	Date of death 1905	Day 13	Age 24	Mo	nths	Days
ED BY	Sex male	Color or Race	Black	Birth Do	chester Co	ma.
ANSWERED REST FRIEN	Dar ma		Where Residing if not at place of death	t her.	market	Ma
EA	Married, Single of Widowed	Name of Wile or Husband				
	Father's Name			Father's Birthplace		
or N	Mother's Maiden Name			Mother's Birthplace		
	Name of person giving his M	augard of	m	How related	Kace Newm	C. Hospital
			S OF DEATH			
	Primary Ruffure	ABlac	Ides (3)	How long	days	
PHYSICIAN OR CORONER	Immediate Ehaus	Kin		How long	Xay5	
	Are the name, age, sex, color, date and place correctly given above?	Des.	Signature of BMS	Coldest	much	
		4	Address Caml	ng 1h	a	
	Accident or Suicide?		11	0		
- 11+					UABRUS YBARBI	A68016



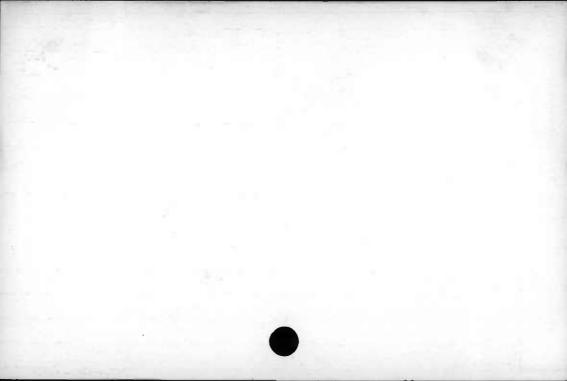
Name Full Fannie. 13. Merricito CERTIFICATE OF DEATH Doulester Died at Cambridge MARYLAND Days Months of death 190 5 Birth- Maryland Sex Hemale Color or ANSWERED FRIEN Race Occupation Where Residing if not at place of death Name of Wife or Married, Single or Widowed Husband Father's Father's Coewis Mr. Merricito Father's Maryland Name 0 Mother's Mother's mis Heurley Birthplace Maiden Name Name of person giving Wilton Merries How related to deceased 310. CAUSES OF DEATH Primary How long ORONER How long PHYSICIAN on alion of Bowel Are the name, age, sex, color.date Signature of and place correctly given above? Address ØÇ Accident or Spicide? LIBRARY BUREAU



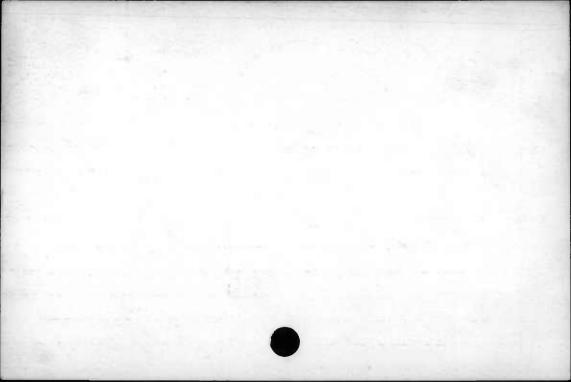
Name in Full	Elina M	els			CERTIFICA	TE OF DEATH	
	Died at Bushili /	Level	Docherte	_		YLAND	
>	Date of death 190 5 Puly	15 Day	Age Years	4 100	nths	3 Days	
ED BY	Sex Firmale	Color or M.	hits	Birth- place	hel		
ANSWERED REST FRIEN	Occupation Mine		Where Residing if not at place of death				
	Married, Singla Midowell	Name of Wile or Husband					
NEA NEA	Father's Shadrach Ming ate			Father's Birthplace And			
o F	Mother's Many and & Clipte 3			Mother's Birthplace			
	Name of person giving Mary Forwell			How related Doughter			
CAUSES OF DEATH							
	Primary Dysenten	1-		How long	one u	uk	
IAN	Immediate Molley			How long	1 Long		
PHYSICIAN OR CORONER	Are the name, age, sex, color.date and place correctly given above?	Ver !	Signature of & a.	a. Q.	nul		
		1	Address	ler	olo	mel	
	Accident or Suicide?						
		19-111	ATMEN OF THE PARTY		LIBRARY BUREA	U A88814	



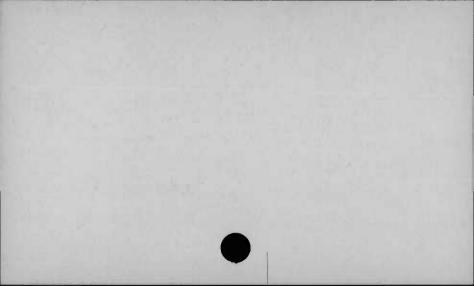
Name in Full	Winfred	mon	Tyrne	m	CERTIFIC	ATE OF DEATH
	Died at Level & Town		Barchi	Sount	MA	RYLAND
	Date of death 1905 Month	Day // A	Years	1	Months 2	15 Days
ED BY	Sex Twale 8	Color or hea	W	Birth	Lloud	5
ANSWERED REST FRIEN	Occupation		Where Residing if at place of death	not	0	
ANSV	Married, Single or Widowed	orried, Single Name of Wife or Husband				
TO BE	Father's No It montgomery			Fath Birth	er's by	Co mal
	Mother's Marden Name	M. J. B is-holo?			Mother's Birthplace Low . Co That	
	Name of person giving Information	1 & Shu	mlason		related The	ther
		CAUSES	OF DEATH	78		
	Primary Entero - co	eitis		How	long 7 wk	4
PHYSICIAN OR CORONER	Immediate		Col	How		
	Are the name,age,sex,color.date and place correctly given above?	( Sig	nature of	as	tokes	
			Address + K	1 × 5 (	umline	dae
	Accident or Suicide?				-md	20
	Accident of Suicide;				LIBRARY SURE	EAU A88818



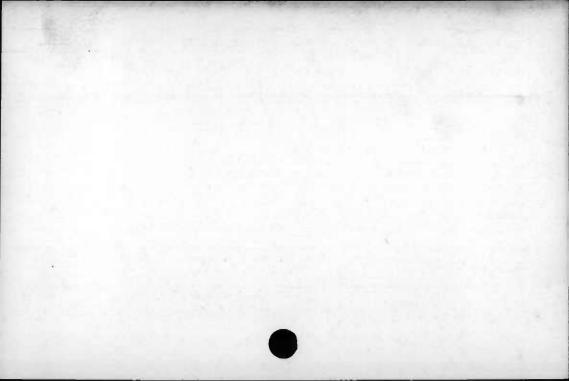
Name in Full	John It moon	CERTIFICATE OF DEATH	
	Died et Cambridge Dorcherles Co	MARYLAND	
>	Date of death 1905 July 23 Age 68	Months Days	
ED BY	Sox Male Color or While Birth-	Vorchester les	
ANSWERED REST FRIEN	Occupation Where Residing if not at place of death		
ANS	Married, Single Marud Name of Wife or Sallie Clare	agen	
NEAL	Father's Name Jounes Moore Birthplac	e	
10	Mother's Maiden Name Birthalac	Mother's Birtholèce	
	Name of person giving Lehombottarh Have related to decease		
	CAUSES OF DEATH		
	Primary Howing lilis Disease How long	9 Weaks	
PHYSICIAN R CORONER	Immediate Hearl. Failure How long		
	Are the name, age, sex, color, date and place correctly given above?  Are the name, age, sex, color, date and place correctly given above?  Signature of ERWolf	4	
OR O	Addiss Cambu	da	
	Accident or Suicide? Worthsto Co	2	
		LIBRARY SUREAU ASSSIS	

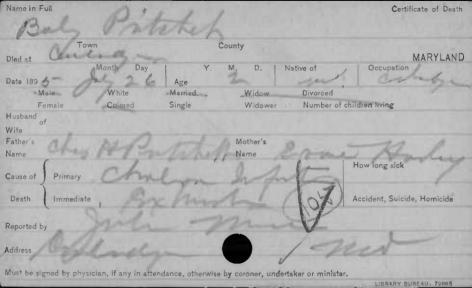


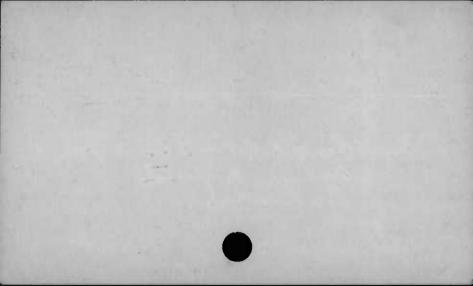
Name in Full Certificate of Death Date 190 Widow Number of children living Female Calared Wife Father's Name How long sick Accident, Suicide, Homicide Death Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker minister. LIBRARY BUREAU, 7989\$



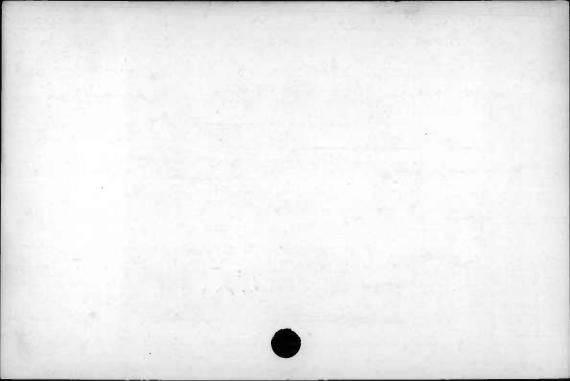
Olsie While	po		c	ERTIFICATE OF DEATH
Died at Cawhilpe Town		mehre	E	MARYLAND
Date of death 190 7 July	2 Day 3	Age Years	Month	Days
Sex Female	Color or C	white	Birth- A	.C. and.
Occupation		Where Residing if not at place of death		
Married, Single Aurall or Widowed	Name of Wile or Husband			
Father's Francis	P. Phe	efro	Father's Birthplace	The.
Mother's Manden Name M - Trips	henix to	Fourtin	Mother's Birthplace	Tor Co. ml.
Name of person giving M./	M. Phely	20	How related to deceased	mocker
	CAUS	ES OF DEATH		
Primary fruhvelpha	lus - In	brill (1)	How long	cipe
Immediate Elbaurtin	from Epile	my 10	How long	days
Are the name, age, sex, color, date	ms	Signature of Physician	Luy Steile	
		Address	tungo Ca	while my
Accident or Suicide?				
	Died at Auchilfe Date of death 190 / Fully  Sex Fernall Occupation  Married, Single or Widowed  Father's Name Francis  Mother's Maiden Name Name of person giving In formation  Primary  Primary  Are the name, age, sex, color, date and place correctly given above?	Date of death 190 / Fully 7'3  Sex Female Color or Race Color or Race Coccupation  Married, Single or Wildowed Husband  Father's Francis P. Phenomenate Mother's Maiden Name M. Friphenia Manden Name M. Friphenia Manden Name of person giving Information  Caus  Primary fywelphalus - In  Immediate sphaustin fun Spille  Are the name, age, sex, color. date and place correctly given above?	Died at Auchilge  Date of death 190 F July 73 Age 28  Sex Flemale Color or Race Where Residing if not at place of death  Married, Single Or Widowed Practice Franceis F. Phelps  Mother's Maiden Name M. Airphunia Houston  Name of person giving Information  Causes of Death  Primary Hywelphalus - Imheile  Immediate Chautin fun Spillyty  Are the name, age, sex, color, date and place correctly given above?  Address	Died at Cauchilque Town  Date of death 190 F July Sex Flemale  Color or Rece  Color or Rece  Cocupation  Married, Single or Widowed  Married, Single or Widowed  Father's Name  Month Are the name, age, sex, color. date and place correctly given above?  Age 73  Month Pay Age 73  Month Pay Age 73  Month Pay Age 73  Month Pay Years  Month Pay  Where Residing if not at place of death  Father's Birthplace Mother's Birthplace Mother's Birthplace Mother's Birthplace Mother's Birthplace Mother's Birthplace Mother's Birthplace And How long Au How long Au Are the name, age, sex, color. date and place correctly given above?  Address  Address  Causes  Address  Address



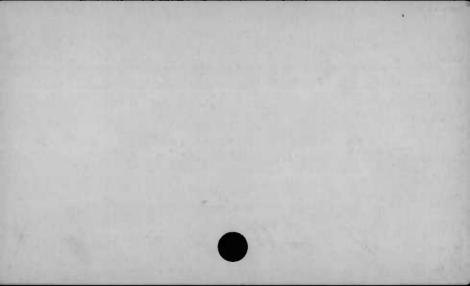




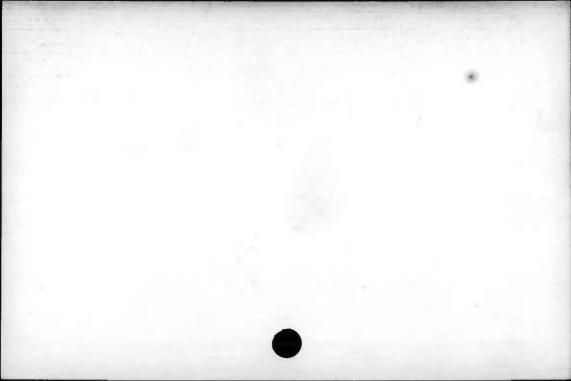
in Full	Samuel J.	The lan	200		CERTIFIC	ATE OF DEATH
	Died at Town		County		MA	RYLAND
	Date Month of death 190	Day 5	Age /Years	Mo	nths	Days
FRIEND	Sex	Color or Race	white	Birth- place	W.C	The l
	Occupation	netaut	Where Residing If not at place of death	value	- D	morel.
BE ANSV	Married, Single or Widowed	Name of Wile or 'Husband	months &	- ( Zin	out to	kum-
NEA NEA	Father's Name	1.14	bason	Father's Birthplace	Sho C	mut-
0 2	Mother's Maiden Name	of d	mith.	Mother's Birthplace	Mr. C	mide
	Name of person giving In formation	die H	HEMAL	How related to deceased		after
		CAUSE	S OF DEATH	W		
	Primary 1	emo	whale	How long	www	5
PHYSICIAN OR CORONER	Immediate	nalys	istmany	How long	ydle	an
	Are the name, age, sex, color, date and place correctly given above?	April	Signature of Physician	unde	torde	
		1	Address	rulli,	200	ma
.,	Accident or Suicide?					
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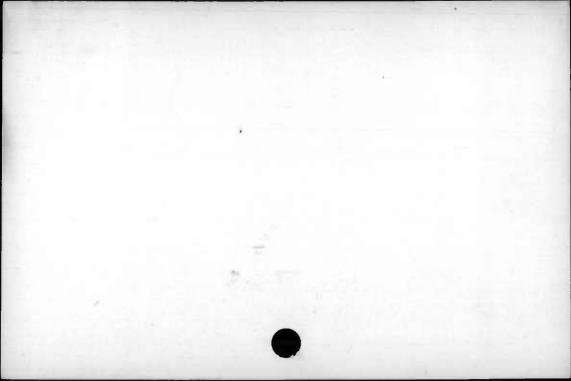
Name in Full Certificate of Death County Died at Month . M. Native of Day Date 189 ( ) Age Male White -Married Willow Bixorced -Female Colored Single Widower Number of children living Husband Wife Father's Mothers Name Name How long sick Primary Cause of Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



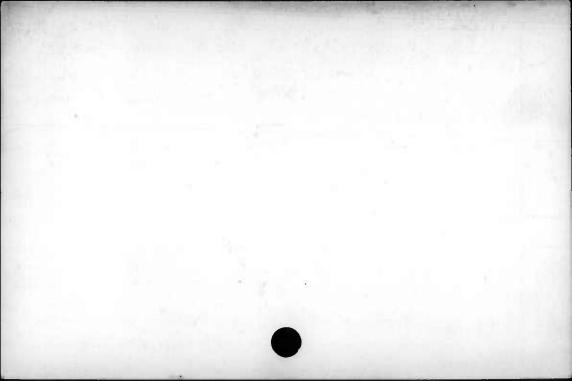
Name in Full	Frank Snow	CERTIFICATE OF DEATH		
	Died at Mar Cambridge Doorlester	MARYLAND		
BY	Date of death 1905 July . 23 Age 5:2	Months Days		
	Sex Arale Color or White Birth place	hd.		
ANSWERED REST FRIEN	Occupation Race With place  Occupation Where Residing if not at place of death			
	Married, Single Momizd. Name of Wile or Alice Sur	ow		
NEA NEA	Father's Father Birth			
10 N	Mother's Moth Maiden Name Birth	her's hplace		
		How related Doughter		
	CAUSES OF DEATH			
	Primary amorbic Dysentery How	long		
PHYSICIAN OR CORONER	Immediate Excleanation How	long		
	Are the name, age, sex, color, date and place correctly given above?  YEO  Signature of Physician  S. E. Z.	Nolff		
	Address Clembra	dgr md.		
	Accident or Suicide?	0		
1		LIBRARY BUREAU ASSETS		



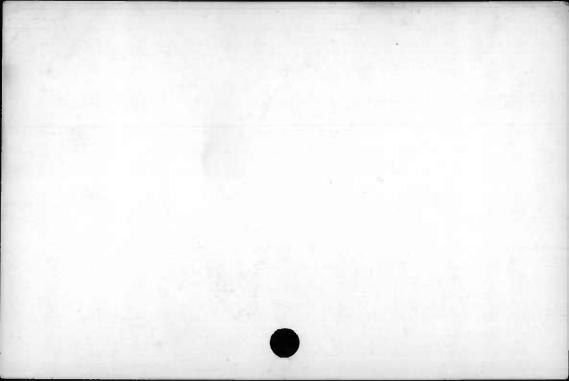
Died at are provided to death 1901   Mary Land  Date of death 1901   Months   Days   Age 2:3   Months   Days    Sex Wall   Color or White   Birth- Dr. Co. Mill    Married, Single   Married, Single   Married   Mother's    Mother's   Mother's   Mother's   Birthplace   Dr. Co. Mill    Name of person giving   Den Thurston   How related   Thorston    In formation   Thurston   How long   Thurston    Causes of Death   How long   Thurston    Are the name, age, sex, color, date and place correctly given above?   Mother's    Accident or Suicide?	Name in Full	Fred The	upso	n		CERTIFICA	TE OF DEATH
Occupation  Tarme  Sex  Wall  Color or White  Birth-  Director of death  Where Residing if not at place of death  Married, Single for Wildowed  Mother's  Birthplace  Birth-  Birth-  Dr. Co. Mul  Mother's  Birthplace  Mother's  Birthplace  Birthplace  Dr. Co. Mul  How long  How long  Thurst  Are the name, age, sex, color, date and place correctly given above?  Accident or Suicide?			1	Brelles	en	MAR	YLAND
Sex Mall Color or Race Where Residing if not at place of death  Married, Single or Widowed Husband  Father's Name What Phane of Wile or Husband  Father's Name Mother's Maiden Name Audau Ohne Birthplace Dr. Co. Male Mother's Married Name of person giving Den Thumpton How related to deceased Prother  CAUSES OF DEATH  Primary Hyphoral from  Immediate Infraction of Suttestine  Are the name, age, sex, color, date and place correctly given above?  Accident or Suicide?	>	Date and Al			Mo	onths	Days
Married, Single Aingle Musband  Father's Name  Mother's Marden Name  Mother's Married person giving Den Thurston  Causes of Death  Primary Lyphonel from  Immediate Infraction of Dutestine  Are the name, age, sex, color, date and place correctly given above?  Accident or Suicide?	14	Sex Wall	Color or W	hite	Birth-	W.G.	med
Father's Name of house Share Shriplace Str. Co. Mid.  Mother's Maiden Name Studen Shore Shriplace Str. Co. Mid.  Name of person giving Ben Thumpton How related to deceased Brother  Causes of Death  Primary Lyphord from  Immediate Information of Str. Signature of Physician Signature of Physician Address Cambridge Mid.  Accident or Suicide?	WER	Occupation Farme	/			4	
Mother's Maiden Name Sutan Shorter  Name of person giving Ben Throughton How related to deceased Phrother  CAUSES OF DEATH  Primary Lyphoral fun  Immediate Infraction of Sutestine  Are the name, age, sex, color.date and place correctly given above?  Accident or Suicide?  Mother's Birthplace Dr. Go. Mul  How related Throther  How long 2 words  How long 7 whom  Signature of Physician  Address  Cauchidge Mul,  Accident or Suicide?	torus .						
Name of person giving Ben Thunfton  CAUSES OF DEATH  Primary Dyphoral fun  Immediate Infraction of Suttectione  Are the name, age, sex, color. date and place correctly given above?  Accident or Suicide?  Birthplace DN. G. Mul  How related 13 routher  How long 2 unds  How long 7 unds  How long 7 unds  How long 7 unds  Accident or Suicide?	TO BE				Father's Birthplace Om. Co-Md		
Primary Jyphord fun  Immediate Infraction of buttestine  Are the name, age, sex, color. date and place correctly given above?  Accident or Suicide?			Dho	ten 1		5m.	o. mul
Primary Jyphond from  Immediate Perfection of Suitestine  Are the name, age, sex, color. date and place correctly given above?  Accident or Suicide?  Primary Jyphond from  How long 2 unds  Address  Cauchides  Address  Cauchides Mrd.		Name of person giving / Den	Thung	houl			then
Accident or Suicide?  Typhord First  Jyphord First  Junts  How long no harm  Signature of Physician  Address  Cambridge Mil.			CAUSE	S OF DEATH			
and place correctly given above?  Accident or Suicide?		Primary Lyphond	fun		How long	und	3
and place correctly given above?  Accident or Suicide?	IAN	Immediate Porfration 8	Sutec	tine	How long	ne ha	~
Accident or Suicide?	CORC				unst	elle	
	9 K			Address Car	while	je m	d.
		Accident or Suicide?					



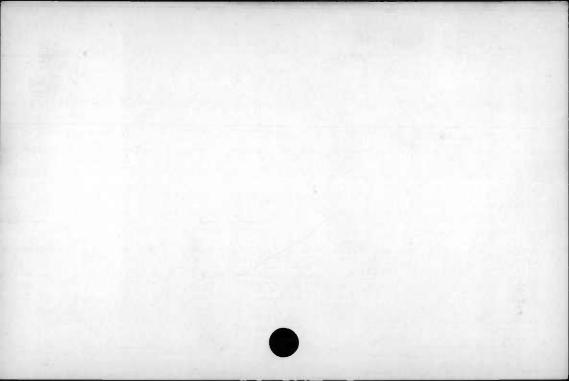
Name in Full CERTIFICATE OF DEATH Town MARYLAND Months Days Date of death 190 5 0 Color or ANSWERED FRIEN Sex Race Occupation Where Residing if not at place of death Name of Wife or Married, Single or Widowed Husband BE Father's Father's Name P Mother's Mother's Maiden Name Birthplace Name of person giving How related Imformation to deceased CAUSES OF DEATH Primary CORONER How long PHYSICIAN Are the name, age, sex, color.date Signature of and place correctly given above? Address DC Accident or Suicide? LIBRARY BUREAU ASSSIG



Name in Full	Thomas Whitting ton		CERTIFIC	CATE OF DEATH	
	Thomas Whillington Died at Cambrage	Dorchester	M	ARYLAND	
	Date Month Day of death 190 5 Mel 14	Age 49	Months	Days	
EN BY		Block	Birth- Dorcheste	Come	
ANSWERED	Occupation Laborer	Where Residing if not at place of death	Sem. md		
	Married, Single Name of Wile of Wile of Wile of Husband	Rolt Whilling !	4		
NEA	Father's Name	Father's Birthplace			
٥ ٢	Mother's Maiden Name		Mother's Birthplace		
	Name of person giving Mas Margard	Enon	to deceased than hum Cooply		
		SES OF DEATH			
	Primary Describer		Howlong 2 Mark		
CIAN	Immediate Eo Laurher		Howlong	~	
PHYSICIAN OR CORONE	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Golas borning		
		Address Caml	nd Ma		
	Accident or Suicide?		0		
- Children Million	Company of the compan		LIBRARY BUE	REAU Addats	



Name in Full CERTIFICATE OF DEATH County MARYLAND Months Date Day Years Days of death 190 5 Age 0 Color or Birth-FRIEN ANSWERED place Race Occupation Married, Single or Widowed REST Name of Wife or Husband NEAF Father's Father's Name Birthplace OL Mother's Mother's Meiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and piece correctly given above? Physician Address 00 Accident or Suicide? LIBRARY BUREAU ASSST



Name Lawrence Woo Full CERTIFICATE OF DEATH Madison MARYLAND Days Months Date Color or Race Birth- Dor. Co. Mid ANSWERED FRIEN Occupation Where Residing if not at place of death Married, Single Name of Wite or Widown Husband or Widowed TO BE Father's Father's Dor. Co. mai Rodger Woolford Birthplace Unnie Tall Mother's Mother's Madison Mod Maiden Name annie Mills Name of person giving How related In formation to deceased CAUSES OF DEATH Primary EB PHYSICIAN RON Are the name, age, sex, color, date Signature of 0 and place correctly given above? Physiclan Address 00 Accident or Suicide? LIBRARY BUREAU ACCOLS

